JEFFERSON COUNTY PLANNING DEPARTMENT





TEMPORARY USE PERMIT

Owner's Nam	e(s):		
Parcel ID Nu	mber(s):		
	er:		
Mailing Addre	ess:		
Proof of Own	ership (attach a copy of the	e deed)	
Physical (911)	Address of Property:		
Land Use Des	signation:		
Proposed Ten	nporary Use/Activities:		
Date(s) of Pro	posed Activity:	Hours	rs of Operation:
handled and p A. Security a B. Health/S a. Pota b. Sanit	arovide confirmation by cop and/or Traffic Control: Ava anitation Provisions: ble Water: Available? ary Sewer: Available?	oy of letter/stateme nilable? Meth Method?: Method?	at: Answer yes or no; if yes, explain how it will be nent of agreement, copy of license (if required), etc. chod:
			der/License?
	=		Provider/License?
C. Explain a	ny Special provisions regard	ding control of Sou	ound and/or Light during the activities:
	•		sed event:
Acknowledge	ment:		
subsequent ev accordance wi	vents to occur at the above	e location will be 1	s for a one-time event on the date(s) listed and a required to submit a new temporary use permit is Code (LDC) for each individual event (limited to significant).
Owner		Date	
Owner		Date	
			roposed temporary use meets the conditions of the blicable laws and ordinances.
Planning & Z Conditions o	Zoning Official f Approval:		Date